_	rd Bethke Ann Bethke	According to the information required to be entered on this statement
Case Number:	Debtor(s) 5:14-bk-00891 (If known)	(check one box as directed in Part I, III, or VI of this statement): — □ The presumption arises.
	(II KIIOWII)	■ The presumption does not arise. □ The presumption is temporarily inapplicable.
		in the presumption is temporarily mappincable.

AMENDED

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
IA	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF M	ION	NTHLY INCO	ME	FOR § 707(b)(7) E	EXCLUSION		
	Marital/filing status. Check the box that applies a	and c	complete the balan	ce of	this part of this state	mei	nt as directed.		
	a. Unmarried. Complete only Column A ("D	ebto	or's Income'') for	Line	s 3-11.				
	b. \square Married, not filing jointly, with declaration								
	"My spouse and I are legally separated under								
2	purpose of evading the requirements of § 707	(b)(2	2)(A) of the Bankr	uptcy	Code." Complete o	nly	column A ("De	bto	r's Income'')
	for Lines 3-11. c. Married, not filing jointly, without the declar ("Debtor's Income") and Column B ("Spo					ab	ove. Complete b	oth	Column A
	d. Married, filing jointly. Complete both Col					'Sn	ougo's Incomo!!)	for	· I inoc 3 11
	All figures must reflect average monthly income re					Sp.		101	
	calendar months prior to filing the bankruptcy case						Column A		Column B
	the filing. If the amount of monthly income varied						Debtor's		Spouse's
	six-month total by six, and enter the result on the a	ppro	opriate line.				Income		Income
3	Gross wages, salary, tips, bonuses, overtime, co	mmi	issions.			\$	0.00	\$	5,340.60
	Income from the operation of a business, profes								
	enter the difference in the appropriate column(s) o								
	business, profession or farm, enter aggregate numl not enter a number less than zero. Do not include								
4	Line b as a deduction in Part V.	апу	part of the bush	iess e	xpenses entereu on				
4			Debtor		Spouse				
	a. Gross receipts	\$	0.00	\$	0.00				
	b. Ordinary and necessary business expenses	\$	0.00	\$	0.00				
	c. Business income	Su	btract Line b from	Line	a	\$	0.00	\$	0.00
	Rent and other real property income. Subtract								
	the appropriate column(s) of Line 5. Do not enter								
-	part of the operating expenses entered on Line	b as		art V.					
5	a Gross receipts	\$	Debtor 0.00	2 (Spouse 0.00				
	a. Gross receipts b. Ordinary and necessary operating expenses	_	0.00		0.00				
	c. Rent and other real property income	T .	btract Line b from			\$	0.00	\$	0.00
6	Interest, dividends, and royalties.	<u> </u>				\$	0.00	\$	0.00
7	Pension and retirement income.					\$	0.00	\$	0.00
	Any amounts paid by another person or entity,	on a	regular basis, fo	r the	household				
	expenses of the debtor or the debtor's depender								
8	purpose. Do not include alimony or separate main								
	spouse if Column B is completed. Each regular pa				only one column;	\$	0.00	¢	0.00
	if a payment is listed in Column A, do not report the) CI: 0	φ	0.00	Ф	0.00
	Unemployment compensation. Enter the amount However, if you contend that unemployment comp								
	benefit under the Social Security Act, do not list the								
9	or B, but instead state the amount in the space belo			•					
	Unemployment compensation claimed to								
	be a benefit under the Social Security Act Debto	or \$	0.00 S _I	ouse	\$ 0.00	\$	0.00	\$	0.00
	Income from all other sources. Specify source an								
	on a separate page. Do not include alimony or se								
	spouse if Column B is completed, but include al maintenance. Do not include any benefits receive								
	received as a victim of a war crime crime against		unity, or as a vicus	01 1	international of				
10	received as a victim of a war crime, crime against domestic terrorism.								
10			Debtor		Spouse				
10		\$	Debtor	\$	Spouse				
10	domestic terrorism.		Debtor	\$	Spouse				
10	domestic terrorism.	\$		\$		\$	0.00	\$	0.00

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$		5,340.60
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	N		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the enter the result.	number 12 and	\$	64,087.20
14	Applicable median family income. Enter the median family income for the applicable state and h (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankru			
	a. Enter debtor's state of residence: PA b. Enter debtor's household size:	2	\$	55,872.00
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.			
15	☐ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.		does no	ot arise" at the
	■ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts	of this statement.		

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCUL	ATION OF CUR	REN	T MONTHLY INCOM	1E FOR § 707(b) (2	2)	
16	Enter the amount from Line 12.					\$	5,340.60
17	Marital adjustment. If you checked Column B that was NOT paid on a dependents. Specify in the lines bel spouse's tax liability or the spouse's amount of income devoted to each not check box at Line 2.c, enter zer	regular basis for the how the basis for exclusupport of persons opurpose. If necessary,	nousehouding the ther the	old expenses of the debtor or the Column B income (such as the debtor or the debtor's d	the debtor's s payment of the lependents) and the		
1,	a. b. c. d. Total and enter on Line 17			\$ \$ \$ \$		\$	0.00
18	Current monthly income for § 70	7(b)(2). Subtract Lin	e 17 fr	om Line 16 and enter the resu	ılt.	\$	5,340.60
	Part V. C.	ALCULATION	OF D	EDUCTIONS FROM	INCOME		
	Subpart A: Dec	ductions under Sta	ındaro	ls of the Internal Revenu	ie Service (IRS)		
19A	National Standards: food, clothing Standards for Food, Clothing and C at www.usdoj.gov/ust/ or from the that would currently be allowed as dependents whom you support.	other Items for the appelerk of the bankrupto	olicable cy cour	e number of persons. (This in t.) The applicable number of	formation is available persons is the number	\$	1,053.00
19B	National Standards: health care. Out-of-Pocket Health Care for pers Out-of-Pocket Health Care for pers www.usdoj.gov/ust/ or from the cle who are under 65 years of age, and older. (The applicable number of pe be allowed as exemptions on your f you support.) Multiply Line a1 by I Line c1. Multiply Line a2 by Line t c2. Add Lines c1 and c2 to obtain a Persons under 65 years	ons under 65 years of ons 65 years of age o rk of the bankruptcy enter in Line b2 the ersons in each age cat ederal income tax ret Line b1 to obtain a total of 2 to obtain a total an total health care amo	age, and a court.) application	nd in Line a2 the IRS National (This information is available Enter in Line b1 the applicable number of persons who as the number in that category as the number of any additional to the number of any additional to the persons under 65, and or persons 65 and older, and of	al Standards for le at ble number of persons are 65 years of age or that would currently hal dependents whom denter the result in lenter the result in Line 3.		
	a1. Allowance per person	60	a2.	Allowance per person	144		
	b1. Number of persons		b2.	Number of persons	0 00	\s	120 00
20A	c1. Subtotal Local Standards: housing and uti Utilities Standards; non-mortgage e available at www.usdoj.gov/ust/ or the number that would currently be any additional dependents whom ye	xpenses for the application the clerk of the allowed as exemption	e expen cable co bankru	ses. Enter the amount of the bunty and family size. (This ptcy court). The applicable family size is the sum of the sum o	information is amily size consists of	\$	120.00 543.00

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	Local Standards: housing and utilities; mortgage/rent expense. Housing and Utilities Standards; mortgage/rent expense for your cou available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy the number that would currently be allowed as exemptions on your forms.	anty and family size (this information court) (the applicable family size ederal income tax return, plus the	tion is consists of number of	
20B	any additional dependents whom you support); enter on Line b the to debts secured by your home, as stated in Line 42; subtract Line b fro not enter an amount less than zero.			
	a. IRS Housing and Utilities Standards; mortgage/rental expense	e \$	1,309.00	
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	1,120.00	
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$	189.00
21	Local Standards: housing and utilities; adjustment. If you content 20B does not accurately compute the allowance to which you are en Standards, enter any additional amount to which you contend you are contention in the space below:	itled under the IRS Housing and	Utilities our	0.00
			\$	0.00
22.4	Local Standards: transportation; vehicle operation/public transportation are entitled to an expense allowance in this category regardless a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating experincluded as a contribution to your household expenses in Line 8.	of whether you pay the expenses		
22A	$\square 0 \square 1 \square 2$ or more.			
	If you checked 0, enter on Line 22A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 22A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	e "Operating Costs" amount from he applicable Metropolitan Statisti	ical Area or	342.00
22B	Local Standards: transportation; additional public transportatio for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public To Standards: Transportation. (This amount is available at www.usdoj.gcourt.)	you are entitled to an additional ansportation" amount from IRS I	deduction for Local	0.00
	Local Standards: transportation ownership/lease expense; Vehic you claim an ownership/lease expense. (You may not claim an owner vehicles.)			
	\blacksquare 1 \square 2 or more.			
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from to (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Line result in Line 23. Do not enter an amount less than zero.	court); enter in Line b the total o	of the Average	
	a. IRS Transportation Standards, Ownership Costs	\$	517.00	
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$	0.00	
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$	517.00
	Local Standards: transportation ownership/lease expense; Vehic the "2 or more" Box in Line 23.			
24	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in I the result in Line 24. Do not enter an amount less than zero.	court); enter in Line b the total o	of the Average	
	a. IRS Transportation Standards, Ownership Costs	\$	0.00	
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	0.00	
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$	0.00
2.5	Other Necessary Expenses: taxes. Enter the total average monthly			
25	state and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sa		es, social	

26		ecessary Expenses: involuntary deductions that are required for your employment, such				
		nclude discretionary amounts, such as volum			\$	0.00
27	life insur	ecessary Expenses: life insurance. Enter tota ance for yourself. Do not include premiums r form of insurance.			\$	41.02
28	pay purs	ecessary Expenses: court-ordered payments uant to the order of a court or administrative ago payments on past due obligations included in	gency, such as spousal		\$	0.00
29	Enter the	ecessary Expenses: education for employme total average monthly amount that you actual ducation that is required for a physically or me a providing similar services is available.	ly expend for education	n that is a condition of employment	\$	0.00
30		ecessary Expenses: childcare. Enter the total			\$	0.00
31	health ca	ecessary Expenses: health care. Enter the to re that is required for the health and welfare of e or paid by a health savings account, and that payments for health insurance or health sav	f yourself or your depe is in excess of the amo	ndents, that is not reimbursed by unt entered in Line 19B. Do not	\$	0.00
32	actually pagers, c	ecessary Expenses: telecommunication services of telecommunication services other than all waiting, caller id, special long distance, or in that of your dependents. Do not include any	your basic home telephinternet service - to the	hone and cell phone service - such as extent necessary for your health and	\$	0.00
33	Total Ex	penses Allowed under IRS Standards. Ente	er the total of Lines 19	through 32.	\$	3,777.20
		Subpart B: Additi	onal Living Expe	nse Deductions	1	
		Note: Do not include any ex				
	Health I		<u> </u>			
		nsurance, Disability Insurance, and Health ories set out in lines a-c below that are reasonatts.				
34	the categ	ories set out in lines a-c below that are reasona				
34	the categ	ories set out in lines a-c below that are reasonants.	ably necessary for your	rself, your spouse, or your		
34	the categ depender a.	ories set out in lines a-c below that are reasonants. Health Insurance	ably necessary for your	77.18	\$	244.56
34	the categories dependent a. b. c.	ories set out in lines a-c below that are reasonats. Health Insurance Disability Insurance	s \$	77.18 43.33	\$	244.56
34	the categ depender a. b. c. Total and below:	ories set out in lines a-c below that are reasonants. Health Insurance Disability Insurance Health Savings Account	s s	77.18 43.33 124.05		244.56
34	the categ dependent a. b. c. Total and	ories set out in lines a-c below that are reasonats. Health Insurance Disability Insurance Health Savings Account I enter on Line 34.	s s	77.18 43.33 124.05		244.56
35	the categ depender a. b. c. Total and below: \$	Health Insurance Disability Insurance Health Savings Account denter on Line 34. In the individual of the care of household or that you will continue to pay for the reasonab abled member of your household or member of the care of the	\$ \$ \$ \$ e your actual total averable and necessary care a	77.18 43.33 124.05 age monthly expenditures in the space ter the total average actual monthly and support of an elderly, chronically		244.56
	the categ dependent a. b. c. Total and If you do below: \$ Continue expenses ill, or dise expenses expenses actually in actually in the categories.	Health Insurance Disability Insurance Health Savings Account denter on Line 34. In the individual of the care of household or that you will continue to pay for the reasonab abled member of your household or member of the care of the	s s s s s s s s s s s s s s s s s s s	77.18 43.33 124.05 age monthly expenditures in the space ter the total average actual monthly and support of an elderly, chronically ly who is unable to pay for such sary monthly expenses that you ence Prevention and Services Act or		
35	the categ depender a. b. c. Total and lf you do below: \$	Health Insurance Disability Insurance Health Savings Account I enter on Line 34. O not actually expend this total amount, state ed contributions to the care of household or that you will continue to pay for the reasonab abled member of your household or member of on against family violence. Enter the total aver	s s s e your actual total average reasonably necessary care a af your immediate family violeties is required to be ke mount, in excess of the xpend for home energy	77.18 43.33 124.05 age monthly expenditures in the space ter the total average actual monthly and support of an elderly, chronically ly who is unable to pay for such sary monthly expenses that you ence Prevention and Services Act or pt confidential by the court.	\$	0.00

38	Education expenses for dependent cl actually incur, not to exceed \$156.25* school by your dependent children less documentation of your actual expensencessary and not already accounted	per child, for attendance at a private of than 18 years of age. You must pro ses, and you must explain why the a	or public elementary or secondary vide your case trustee with	\$	0.00
39	Additional food and clothing expense expenses exceed the combined allowar Standards, not to exceed 5% of those cor from the clerk of the bankruptcy correasonable and necessary.	nces for food and clothing (apparel an ombined allowances. (This information	d services) in the IRS National on is available at www.usdoj.gov/ust/	\$	0.00
40	nue to contribute in the form of cash or $170(c)(1)-(2)$.	\$	0.00		
41	Total Additional Expense Deductions	s under § 707(b). Enter the total of I	Lines 34 through 40	\$	244.56
	S	ubpart C: Deductions for De	bt Payment		
42	Future payments on secured claims. own, list the name of the creditor, iden check whether the payment includes ta scheduled as contractually due to each case, divided by 60. If necessary, list a Payments on Line 42. Name of Creditor	tify the property securing the debt, st exes or insurance. The Average Month Secured Creditor in the 60 months for	ate the Average Monthly Payment, and ally Payment is the total of all amounts llowing the filing of the bankruptcy		
	a. GM Financial	2008 Chevrolet Malibu (49,040miles)	or insurance? \$ 299.00 ■yes □no		
	b. M & T Mortgage	138 Locust Drive, Milford, PA 18337	\$ 1,120.00 ■yes □no Total: Add Lines	\$	1,419.00
43	Other payments on secured claims. I motor vehicle, or other property necess your deduction 1/60th of any amount (payments listed in Line 42, in order to sums in default that must be paid in order to following chart. If necessary, list and Name of Creditor	sary for your support or the support of the "cure amount") that you must pay maintain possession of the property. der to avoid repossession or foreclosu	f your dependents, you may include in the creditor in addition to the The cure amount would include any re. List and total any such amounts in		
	aNONE-		\$ Total: Add Lines	\$	0.00
44	Payments on prepetition priority cla priority tax, child support and alimony not include current obligations, such	claims, for which you were liable at	<u>'</u>	\$	0.00
45	issued by the Executive Office	the amount in line b, and enter the reapter 13 plan payment. trict as determined under schedules of or United States Trustees. (This			
	information is available at www the bankruptcy court.) c. Average monthly administration	w.usdoj.gov/ust/ or from the clerk of ve expense of chapter 13 case	x 4.50 Total: Multiply Lines a and b	\$	0.00
46	Total Deductions for Debt Payment.		5.	\$	1,419.00
	Sı	ubpart D: Total Deductions f	rom Income	1	
47	Total of all deductions allowed under	r § 707(b)(2). Enter the total of Lines	33, 41, and 46.	\$	5,440.76
1			, ,		

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$ 5,340.60					
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$ 5,440.76					
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$ -100.16					
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.						
	Initial presumption determination. Check the applicable box and proceed as directed.						
52	■ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.	of page 1 of this					
32	☐ The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the ren						
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part	VI (Lines 53 through 55).					
53	Enter the amount of your total non-priority unsecured debt	\$					
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$					
	Secondary presumption determination. Check the applicable box and proceed as directed.						
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does no 1 of this statement, and complete the verification in Part VIII. ☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
	Part VII. ADDITIONAL EXPENSE CLAIMS						
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for you and your family and that you contend should be an additional deduction from your current monthly income 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your aver each item. Total the expenses.	under §					
56	Expense Description Monthly A	mount					
	a.						
	c. \$						
	d. \$						
	Total: Add Lines a, b, c, and d \$						
	Part VIII. VERIFICATION						
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a	i joint case, both debtors					

	Part VIII	I. VERIFICATION	
	I declare under penalty of perjury that the information promust sign.)	ovided in this statement is t	rue and correct. (If this is a joint case, both debtors
	Date: July 19, 2016	Signature:	/s/ Clifford Bethke
		_	Clifford Bethke
57			(Debtor)
	Date: July 19, 2016	Signature	/s/ Mary Ann Bethke
		_	Mary Ann Bethke
			(Joint Debtor, if any)

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.